

NH Racing and Charitable Gaming Commission requires that you submit the State Revenue Invoice Form with ORIGINAL signatures. Form & Payment SHALL be received within 5 business days of the Game Date.



State of New Hampshire Racing and Charitable Gaming Commission
57 Regional Drive, Unit 3, Concord, NH 03301-8530
Telephone (603) 271-2158 Fax (603) 271-3381

State Revenue Invoice for Games of Chance

Name of Charitable Organization:
Organization's ID Number:
Game Date:
Game Operator Employer:

Grid area for organization information.

Please make sure your Organizations Name, ID#, Game Date and Game Operator Employer are completed.

Please complete the following information:

3% of games where chips have no monetary value:
(Amount from Line 1b of the Financial Report)

\$ _____

10% of games where chips have monetary value and a rake:
(Amount from Line 2b of the Financial Report)

\$ _____

10% of games where chips have monetary value and no rake:
(Amount from Line 2d of the Financial Report)

\$ _____

Total Amount Due to the NH Racing and Charitable Gaming Commission:
(Amount from Line 3b of the Financial Report)

\$ _____

Please make sure you are reporting from the GROSS REVENUE for the State Revenue

*Please include organization's ID number on the check. Please submit only one check per game date and please do not combine game dates on any single check. **Note: Pursuant to RSA 287-D:3, IX and X, please submit completed form and payment within 5 business days of the game date to: New Hampshire Racing and Charitable Gaming Commission, Attn: Gaming Division, 57 Regional Drive, Unit 3, Concord, NH 03301

Signature of Treasurer/Designee (Date) **ORR** Signature of Primary Game Operator (Date)

Print Name of Treasurer/Designee License #: _____

Please be advised that this section SHALL be signed by either the Treasurer/Designee if the Organization is running the game themselves or the Primary Game Operator if the Organization has hired a Game Operator

Affidavit

(Required only for game dates where a game operator has been hired)

I hereby certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that:

1. I am a treasurer or designee of _____ (charitable organization) and I am not employed by the game operator or the employer of the game operator.
2. I was present for the Games of Chance that was held on (*game date inserted here). I arrived at _____ and departed at _____.
3. I observed our charitable organization's name posted as the beneficiary of the event.
4. I met with the primary game operator on duty who was _____ (name of game operator), license # _____.

Signature of Treasurer/Designee (Date)

Signature of Primary Game Operator (Date)

Print Name of Treasurer/Designee

Print Name of Primary Game Operator

Please be advised that ALL (9) blank spaces SHALL be completed and signed by BOTH the Treasurer/Designee and the Primary Game Operator